Mapping of MHPSS Programmes for Children, Youth (0-24 years) and Parents/Caregivers in Syria and from Syria and Iraq Crises Affected Countries

Survey Results

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NLG MHPSS Task Force Meeting

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Background

• **Who?** **NLG MHPSS Task Force** established in March 2019 to improve coordination and programming on MHPSS for children and youth in Syria and from the Syria and Iraq crises affected countries – Egypt, Iraq, Jordan, Lebanon and Turkey.

• **Why?** **Lack of clear overview** of the MHPSS response for children, youth and their parents/families as well as lack of shared resources.

• **What?** **A mapping** commissioned by the NLG MHPSS Task Force in 2019 to address identified gap.

• **When?**

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Phase I</td>
<td></td>
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<tr>
<td>Preliminary desk review</td>
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<tr>
<td>Compendium of resources</td>
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<tr>
<td>Survey development</td>
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<td>Phase II</td>
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<tr>
<td>Finalized desk review</td>
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<td>Survey dissemination</td>
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<td>Data analysis</td>
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<td>Draft report</td>
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<tr>
<td>Final report</td>
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Purpose and Objectives

The **goal** of this mapping was to gain a clear overview of MHPSS programmes targeting children, youth and their parents/caregivers in the NLG countries – Egypt, Iraq, Jordan, Lebanon, Syria and Turkey.

The **specific objectives** of this mapping were:

- To collect data about current MHPSS programmes to enhance coordination among MHPSS practitioners and avoid duplication of efforts.
- To identify gaps in MHPSS programming and funding, and improve breadth and scope of programmes for children, youth and parents/caregivers.
- To create an online repository of resources pertaining to MHPSS for children, youth and parents/caregivers that can be readily available to practitioners.
- To use the findings to improve advocacy around MHPSS programming, specifically towards the formalization of MHPSS programming in the humanitarian response for children and youth affected by the Syria and Iraq crises.
**Methodology**

**DESK REVIEW AND COMPENDIUM OF RESOURCES**

- Systematic search of documents for desk review and collation of resources for a compendium.

<table>
<thead>
<tr>
<th>Document category</th>
<th>Document type</th>
<th>Selection checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Epidemiological studies</td>
<td>1. Published between 2009 and 2019 AND at least one of the below:</td>
</tr>
<tr>
<td></td>
<td>Assessments, analysis and reports undertaken by humanitarian actors and practitioners</td>
<td>2. Regional relevance to the Syria and Iraq crises.</td>
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<tr>
<td></td>
<td>Impact and programme evaluations</td>
<td>3. Technical relevance to the MHPSS needs of children and youth in conflict-affected settings or specific focus on the MHPSS needs of children and youth from the Syria and Iraq crises.</td>
</tr>
<tr>
<td>Practice</td>
<td>Capacity building and training materials</td>
<td>4. Developed by members of the MHPSS TF, MHPSS WG, CPWG or implementing partners.</td>
</tr>
<tr>
<td></td>
<td>M&amp;E materials</td>
<td></td>
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<tr>
<td></td>
<td>Programme documents</td>
<td></td>
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<td></td>
<td>Case studies</td>
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</table>

**SURVEY**

- Drafted and reviewed by practitioners from the MHPSS Task Force, MHPSS and CP WG.

- Disseminated via Kobo from 25.11-17.12 to members of the MHPSS TF; members of the MHPSS and CP WG; NLG partners; implementing partners.

- Survey structure:
  - MHPSS programmes as per the levels of the IASC pyramid: 29 closed questions with 7 sub-questions each.
  - MHPSS staff and capacity building: 13 questions with 4 sub-questions each.
  - Uploading of MHPSS resources.
Survey Results: Key Figures

- 42 organizations responded to the survey.
- 56% of respondents were INGOs.

- 42% of respondents reported implementation of MHPSS programmes in Iraq, making it the NLG country with the highest number of MHPSS programmes.

- Roughly half of the MHPSS activities fell under level 2 (258 activities, 48%). The lowest number of activities (28, 5%) were reported for level 4.

- Even though the largest number of activities fell under level 2, less than half of organizations (44%) implemented these interventions.
Survey Results: MHPSS Activities by Level of Intervention

% of organizations implementing MHPSS activities in level 1

Q1 - Advocacy for PSS: 71%
Q2 - Information dissemination to the community at large
Q3 - Inclusion of psychosocial support into basic services
Q4 - Other interventions on Level 1

% of organizations implementing MHPSS activities in level 2

Q5 - Support coping mechanisms: 79%
Q6 - Strengthening parenting/family/caregiver support
Q7 - Strengthening the community
Q8 - Structured social activities
Q9 - Recreational or creative activities
Q10 - ECD
Q11 - CFS
Q12 - YFS
Q13 - Women centres
Q14 - Psychological support in formal education
Q15 - Psychological support in informal education
Q16 - Psychosocial support to classes/groups in formal education
Q17 - Psychosocial support to classes/groups in informal education
Q18 - Case management, referrals and...
Q19 - Other interventions in Level 3

% of organizations implementing MHPSS activities in level 3

Q20 - PFA
Q21 - Basic counselling for individuals
Q22 - Basic counselling for groups or...
Q23 - Psychotherapy
Q24 - Alcohol/substance abuse problems
Q25 - Developmental disorders and...
Q26 - Other interventions in Level 3
Q18 - Case management, referrals and...

% of organizations implementing MHPSS activities in level 4

Q27 - Clinical management of mental...
Q28 - Clinical management of mental...
Q29 - Other interventions in Level 4

Q30 - Clinical management of mental...
Survey Results: Target Groups and Areas

TARGET GROUPS

- Similar levels of targeting for children, youth and parents/caregivers, with the latter presenting the highest number (67%, 68% and 69% of MHPSS activities).

AREAS OF IMPLEMENTATION

- 68% of activities were implemented in host communities, followed by 60% of activities implemented at the governorate level and 51% of activities implemented in refugee camps. Finally, 41% of activities were reported as implemented at the national level.

- Areas of implementation were not mutually exclusive; therefore, activities may have been implemented in more than one location.
Survey Results: Implementation of Activities

• The lowest level of direct implementation was reported for level 2 (53%).
• The highest level of direct implementation was reported for level 4 (62%).

61% of organizations reported that their MHPSS activities were integrated into local plans/programmes.

• 20% were linked to government plans/programmes.
• 19% were stand-alone.

⚠️ Challenges noted with the understanding/definition of this question.
Survey Results: Thematic Focus

• **Gender and disability** were the two top thematic focuses, 75% and 73% respectively.

• Only 42% indicated participatory approaches as a thematic focus.

• 25% mentioned “other” focus - age (children and/or adolescents); gender; education; social cohesion; substance use; parents/caregivers (parenting skills).
Survey Results: MHPSS Workforce

- Staff was defined as any person involved in the implementation of the MHPSS programmes – full and part-time staff, consultants, volunteers as well as staff of implementing partners.

- 71% of organizations reported that programme managers were part of their staff, followed by social workers (69%) and community-based animators/community workers (67%).

- Only 7% of organizations reported having SEL specialists among their staff.
Survey Results: Capacity Building

### % of organizations reporting capacity building activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Job coaching</td>
<td>23%</td>
</tr>
<tr>
<td>E-learning</td>
<td>11%</td>
</tr>
<tr>
<td>Quality overseeing</td>
<td>22%</td>
</tr>
<tr>
<td>Phased approach</td>
<td>18%</td>
</tr>
<tr>
<td>Capacity building refresher</td>
<td>28%</td>
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<tr>
<td>One-off training</td>
<td>23%</td>
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</tbody>
</table>

### % of organizations providing capacity building to MHPSS staff

<table>
<thead>
<tr>
<th>MHPSS Staff Category</th>
<th>One-off training</th>
<th>Capacity building refresher</th>
<th>Phased approach</th>
<th>Quality oversee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community-based animators/community workers</td>
<td>40%</td>
<td>43%</td>
<td>33%</td>
<td>36%</td>
</tr>
<tr>
<td>2. CP Specialists</td>
<td>17%</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>3. Social workers</td>
<td>36%</td>
<td>45%</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>4. Counselors</td>
<td>29%</td>
<td>38%</td>
<td>33%</td>
<td>26%</td>
</tr>
<tr>
<td>5. Education Specialists</td>
<td>17%</td>
<td>21%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>6. Psychologists</td>
<td>24%</td>
<td>36%</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>7. Psychiatrists/Mental health specialists</td>
<td>21%</td>
<td>24%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>8. PSS Specialists</td>
<td>17%</td>
<td>24%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>9. SEL Specialists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Non-specialized workers</td>
<td>24%</td>
<td>31%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>11. Programme managers</td>
<td>29%</td>
<td>36%</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>12. Other MHPSS staff</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

57% of respondents reported the availability of staff care policies. Available services included online and in-person support and counselling services; basic and advanced trainings; staff support plans and policies; and staff care workshops.
Survey Results: Funding

- **66% of organizations reported** that their activities were funded and **10%** had secured funding.

- Level 2 which reported the largest number of MHPSS interventions, had the lowest level of funding, with **62%** of the activities under this level reported as funded.

- **47 donors were identified.** Among them, 7 donors provided funding across all levels of the IASC pyramid (name donors).

- **47% of donors were public/governmental institutions;** 17% were UN agencies and INGOs respectively; 11% private organizations; 8% multilateral organizations and local NGOs.
Challenges, Limitations and Opportunities

**CHALLENGES AND LIMITATIONS**

- **Data collection tool**
  - Understanding of terminology and definitions
  - Lengthy survey and technical issues with Kobo

- **Timeframe**
  - Competing schedules for organizations at the end of the year

- **Changing context**
  - Mapping can rapidly become outdated; needs for regular updates

- **Quality of data and depth of analysis**
  - Difficulties to obtain disaggregated data
  - Confidentiality and security of data sharing

**OPPORTUNITIES**

- National mappings (4Ws) are available but no previous regional mapping

- Mapping specific to children and youth (available mappings tend to study the general population)

- No in-depth qualitative study has been undertaken on good practices for MHPSS programmes for children and youth from Syria and Iraq crises

- More data to explore
  - Identification of good practices
  - Identification of overlapping and gaps in programming and funding
  - Expansion of compendium of resources
  - Stronger, evidence-based advocacy
Next Steps

During NLG MHPSS Task Force Meeting
• Questions and feedback (15 minutes)
• Discussion and preliminary drafting of recommendations (45 minutes)

After the NLG MHPSS Task Force Meeting
• Dissemination of documents (desk review, mapping report and compendium) to NLG MHPSS Task Force members (15 January)
• Sharing of preliminary recommendations with wider groups (MHPSS and CP WGs; MHPSS Global Groups)
• Finalization of recommendations
• Other actions?